

Version 2.0



Abstract

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PI Title:

Project Title: Walking Adherence and Health in African American Women

Abstract: *DESCRIPTION (provided by applicant): The purpose of this study is to test the efficacy of a 48-week home-based walking intervention for low-income midlife (45-65 years) African American (AA) women. The intervention is enhanced by behavior strategies tailored to a woman's community and personal characteristics (Enhanced treatment). The specific aims are (1) to describe the changes in adherence-enhancing factors (social influence, interpersonal characteristics-cognition, attitude and motivation) and health-status outcomes (cardiovascular [CV] health and symptoms) for both the Enhanced Treatment (ET) and a Standard Treatment (ST) without the behavioral strategies at baseline, 24, 48, and 72 weeks; (2) to compare women receiving the ET to the women in the ST on adherence-enhancing factor, exercise adherence indicators (frequency, duration, and intensity of exercise; patterns of adherence; energy expenditure) and health status at 24, 48 and 72 weeks; (3) to identify the relationships among adherence-enhancing factors, exercise adherence indicators, and health -status outcomes. The ET will be randomly assigned to one of two health centers in the Chicago Westside where heart disease is among the highest in the city. Subjects will include 240 sedentary women who have no major signs or symptoms of CV disease; no history of myocardial infarction, stroke, or Type 1 diabetes; and are not on a beta blocker, Diltiazem or Verapamil. Women will be recruited from low-income communities surrounding the two health centers. Women (both treatments) will be oriented to the walking prescription, which is moderate intensity, a minimum of three 30-minute sessions per week. During the 24-week active phase, the ET receives a combined behavioral package of community-focused strategies delivered by community workers via workshops tailored to the women's environmental characteristics, and individually-focused strategies delivered via phone tailored to each women's personal*

characteristics. During the 24-week maintenance phase, women in the ET receive phone calls monthly or bimonthly, depending on their adherence. Both treatment groups will self-monitor their performance with heart rate monitors, enter exercise-log data via a voice response system, and have three face-to-face visits with the community worker during each phase. During the 24-week follow-up phase, neither group receives behavior strategies. The Physical Activity Behavior Framework, derived from Cox's Interaction Model of Client Health Behavior, will guide the intervention. Analyses include descriptive statistics, change scores, and mixed-effects regression models for the longitudinal data.

Thesaurus Terms:

*behavior therapy, cardiovascular disorder prevention, combination therapy, exercise, female, health behavior, human therapy evaluation, women's health
clinical trial, disease /disorder proneness /risk, gait, human middle age (35-64), low income, model design /development, outcomes research, psychological model, quality of life, social support network
behavioral /social science research tag, heart rate, human subject, monitoring device, patient oriented research, personal log /diary, statistics /biometry, telemedicine*

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